

APPLICATION FOR EMPLOYMENT



BRAZAVIVA IS AN EQUAL OPPORTUNITY EMPLOYER. ALL POTENCIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

INSTRUCTIONS:

Fill out the application form completely. Do not leave any question blank. If questions are not applicable, enter "N/A". Please sign the application.

Date: _____ Position Desired: _____ Expected Wage/Salary: \$ _____
 Name: _____ Social Security : _____
 Address (Current): _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Email Address: _____

AVAILABILITY:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Earliest							
Latest							

Do you have relatives working with our company? Yes [] No [] Name and relationship: _____

Have you been referred by any employee of our company? Yes [] No [] Name: _____

Do you have Food Handler Card? Yes [] No [] Do you have Alcoholic Beverage Card? Yes [] No []

Do you have a car? Yes [] No [] If not, which way of transportation do you use to go to work? _____

LEGAL INFORMATION

Are you a U.S. citizen? Yes [] No [] If not, are you legally authorized to work in the U.S? Yes [] No []
Have you ever been convicted of a felony? Yes [] No [] If yes, please describe circumstances: _____
Have you ever been involuntary terminated or asked to resign from any position of employment? Yes [] No [] If yes, please describe circumstances:

EDUCATION				
School Name	Location	Years Attended	Degree Received	Field of Study

Are you currently enrolled in any school? Yes [] No [] Describe: _____

Languages you can speak: _____

Other training, certifications or licenses held: _____

EMPLOYEMENT RECORD

(Please start with most recent position)

1. Employer: _____ Job Title or Position: _____
Dates Employed: From: _____ To: _____ Salary: \$ _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Job Title: _____ Supervisor: _____
Duties Performed: _____
Reason for leaving: _____

2. Employer: _____ Job Title or Position: _____
Dates Employed: From: _____ To: _____ Salary: \$ _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Job Title: _____ Supervisor: _____
Duties Performed: _____
Reason for leaving: _____

3. Employer: _____ Job Title or Position: _____
Dates Employed: From: _____ To: _____ Salary: \$ _____
Prior Position Held within Company (if any): _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Job Title: _____ Supervisor: _____
Duties Performed: _____
Reason for leaving: _____

List other information pertinent to the employment you are seeking (please take the time to write a letter of recommendation about yourself, describe your specials skills):

PERSONAL REFERENCES

List below any references, which are not relatives or previous direct supervisors:

Name: _____ Years known: _____ Phone #: _____
Name: _____ Years known: _____ Phone #: _____

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at will nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledged such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: _____